

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/574089**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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44			/			
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	12	←		←
TOTAL CLAIMS			14			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56			/	/		
57				/		
58				/		
59				/		
60				/		
61			/	/		
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98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			22			